

OFFICE OF PUBLIC DEFENSE

925 Plum Street, Building 4, Third Floor

PO Box 40957

Olympia, Washington 98504-0957

APPLICATION FOR EMPLOYMENT

Position(s) Applying For		Minimum Salary	Application Date	
Last Name		First Name	Middle Name	
Address Code	Street	City	State	Zip
Telephone Number(s)				

How Did You Learn About The Position?				
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Relative	<input type="checkbox"/> Walk-In	Newspaper _____ Other _____

Have you been convicted of an offense, other than minor traffic violations, during the past seven years which would adversely affect your employment with the court system? **(Please note: Drunk, reckless or hit-run driving are not minor offenses.)** ☐ YES ☐ NO If yes, explain.

	High School				College/University				Other			
School Name/Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Year of Graduation												
Describe Course of Study and Degree Earned												
Describe any specialized training, apprenticeship, skills, etc.												
Describe any honors you have received												
State any additional information you feel may be helpful to us in considering your application												
State your Washington State Bar Number and Date of Admission												

EMPLOYMENT HISTORY

(Start with present/last position)

Employer	Address/City/State	Telephone Number(s)
Job Title	Supervisor	Salary
Dates Employed	Reason for Leaving	Do we have your permission to contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Work Performed: ----- ----- -----		

Employer	Address/City/State	Telephone Number(s)
Job Title	Supervisor	Salary
Dates Employed	Reason for Leaving	Do we have your permission to contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Work Performed: ----- ----- -----		

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Employer	Address/City/State	Telephone Number(s)
Job Title	Supervisor	Salary
Dates Employed	Reason for Leaving	Do we have your permission to contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Work Performed:		
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Professional Organizations - You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status:

Give name, address, and telephone number of three professional references who are not related to you and are not previous employers.

1. -----
2. -----
3. -----

I hereby certify that this application contains no willful misrepresentation or falsification and the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any misrepresentation or falsification, my application could be rejected and, if employed, my employment terminated.

Signature _____ Date _____

RELEASE OF INFORMATION

I hereby give the Office of Public Defense the right to investigate my past employment, education and activities. I release from all liability all persons, companies and corporations who supply such information. I indemnify the Office of Public Defense against any liability that might result from such an investigation. I understand that any omission of facts, misrepresentation of statements or implications I might make in this application or in any other required document shall be considered sufficient cause to deny employment, or for discharge if already employed.

I also understand that nothing contained in this application or in the granting of an interview is intended to create an employment contract between the Office of Public Defense and myself for employment or for any benefit. I have received no promises regarding employment and I understand that no such promise or guarantee is binding on the Office of Public Defense unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the Office of Public Defense has a similar right.

Signature _____ Date _____

If you are hired, proof of identity AND proof of citizenship, permanent resident status or employment authorization, AND social security number will be required as a condition of employment. Documents which satisfy this requirement may include one or more of the following: social security card, passport, alien registration card (with photo), certificate of U.S. citizenship or naturalization, birth certificate, or valid driver's license (with photo).

AFFIRMATIVE ACTION INFORMATION

To ensure equal employment opportunity, the state of Washington, as part of its Affirmative Action Program, requests your voluntary cooperation by indicating the following. Your answers will be treated as confidential.

Name	Date
<input type="checkbox"/> Male <input type="checkbox"/> Female	

Person of Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Physical <input type="checkbox"/> Mental <input type="checkbox"/> Sensory
Briefly describe the nature and extent of your disability _____

Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Vietnam Era Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Percent Disabled: _____ %
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Race/Ethnic Origin:
<input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Other _____